

Covington Fire/EMS Ambulance Policy on Confidentiality and Dissemination of Patient Information and Staff Member Verification

Given the nature of our work, it is imperative that we maintain the confidence of patient information that we receive in the course of our work. Covington Fire/EMS Ambulance prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or health care operations, and discussions of Protected Health Information (PHI) within the organization should be limited. Acceptable uses of PHI within the organization include, but are not limited to, exchange of patient information needed for the treatment of the patient, billing, and other essential health care operations, peer review, internal audits, and quality assurance activities.

I understand that Covington Fire/EMS Ambulance provides services to patients that are private and confidential and that I am a crucial step in respecting the privacy rights of Covington Fire/EMS Ambulance's patients. I understand that it is necessary, in the rendering of Covington Fire/EMS Ambulance services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written or photographic and that all such information is strictly confidential and protected by federal and state laws.

I agree that I will comply with all confidentiality policies and procedures set in place by Covington Fire/EMS Ambulance during my entire employment or association with Covington Fire/EMS Ambulance. If I, at any time, knowingly or inadvertently breach the patient confidentiality policies and procedures, I agree to notify the Privacy Officer of Covington Fire/EMS Ambulance immediately. In addition, I understand that a breach of patient confidentiality may result in suspension or termination of my employment or association with Covington Fire/EMS Ambulance. Upon termination of my employment or association for any reason, or at any time upon request, I agree to return any and all patient confidential information in my possession. This is not a contract for continued employment.

I have read and understand all privacy policies and procedures that have been provided to me by Covington Fire/EMS Ambulance. I agree to abide by all policies or be subject to disciplinary action, which may include verbal or written warning, suspension, or termination of employment or of any membership or association with Covington Fire/EMS Ambulance. This is not a contract of employment and does not alter the nature of the existing relationship between Covington Fire/EMS Ambulance and me.

Signature: _____ Date: _____

Printed Name: _____